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COMMUNITY COLLEGE HEALTH CAREERS PROJECT PHASE II--TEACHER PREPARATION. FINAL REPORT.

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REPORT NUMBER BR-5-1328 PUB DATE JUN 67
GRANT OEG-1-6-000550-0617
EDRS PRICE MF-$0.25 HC-$0.88 20P.

DESCRIPTORS- *HEALTH OCCUPATIONS EDUCATION, *PROGRAM DEVELOPMENT, *TEACHER EDUCATION, *TECHNICAL EDUCATION, COMMUNITY COLLEGES, PILOT PROJECTS,

THE STATE UNIVERSITY OF NEW YORK AT BUFFALO AND CITY UNIVERSITY OF NEW YORK COOPERATED WITH THE COMMUNITY COLLEGE HEALTH CAREERS PROJECT BY ESTABLISHING PROGRAMS TO PREPARE PRACTITIONERS TO TEACH IN COMMUNITY COLLEGE PROGRAMS IN (1) OCCUPATIONAL THERAPY ASSISTING, (2) DENTAL ASSISTING, (3) OPHTHALMIC DISPENSING, AND (4) MEDICAL RECORD, ENVIRONMENTAL HEALTH, BIOMEDICAL ENGINEERING, INHALATION THERAPY, OPERATING ROOM, X-RAY, AND MEDICAL EMERGENCY TECHNOLOGY. ALTHOUGH THE EDUCATIONAL BACKGROUNDS OF 17 PROGRAM ENROLLEES RANGED FROM HIGH SCHOOL GRADUATION TO PH.D. CANDIDACY, EDUCATIONAL PREPARATION FOR TEACHING WAS VERY LIMITED FOR THE ENTIRE GROUP. THE CONTENT OF THE PROGRAMS, INAUGURATED ON A 2-SEMESTER, 25-HOUR-PER-WEEK BASIS, INCLUDED THE PHILOSOPHY OF EDUCATION, THE COMMUNITY COLLEGE, HIGHER EDUCATION, CURRICULUM DEVELOPMENT, USE OF EXTENDED CAMPUS RESOURCES, METHODS OF TEACHING, A TEACHING PRACTICUM, THE NATURE OF THE HEALTH SERVICE INDUSTRY, AND TESTS, MEASUREMENTS, AND EVALUATION. THE PARTICIPANTS ALSO WORKED WITH PERSONNEL OF THE COLLEGES IN WHICH THEY WERE TO TEACH IN WRITING COURSE OUTLINES AND CATALOG DESCRIPTIONS, ESTABLISHING LABORATORY AND EQUIPMENT SPECIFICATIONS, DOING PRACTICE TEACHING IN RELATED SUBJECTS, ARRANGING FOR CLINICAL PRACTICE EXPERIENCES, AND RECRUITING IN LOCAL HIGH SCHOOLS. AT THE CONCLUSION OF THE PROGRAMS, 13 OF THE TRAINEES SIGNED CONTRACTS TO TEACH IN THE PILOT PROGRAMS FOR WHICH THEY WERE PREPARED. APPENDIX A, REPORTING PHASE I, IS AVAILABLE AS ED 011 198. APPENDIXES B, C, AND D ARE INCLUDED IN THIS DOCUMENT. (JK)

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FINAL REPORT
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COMMUNITY COLLEGE HEALTH CAREERS PROJECT

PHASE II - TEACHER PREPARATION.

June 1967

U.S. DEPARTMENT OF
HEALTH, EDUCATION, AND WELFARE

Office of Education
Bureau of Research

VT005562

COMMUNITY COLLEGE HEALTH CAREERS PROJECT
PHASE II - TEACHER PREPARATION

Project No. 5-1328
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The research reported herein was performed pursuant to a grant with the Office of Education, U. S. Department of Health, Education, and Welfare. Contractors undertaking such projects under Government sponsorships are encouraged to express freely their professional judgement in the conduct of the project. Points of view on opinions do not, therefore, necessarily represent official Office of Education position or policy.

Muriel Ratner

Assistant Director, CCHC Project
May 1, 1966 to March 31, 1967
Consultant on Health Service Technologies,
Office of Science and Technology,
Since April 1, 1967

University of the State of New York
Office of Science and Technology - Frank R. Kille, Director
State Education Department
Albany, New York 12224

June 1967

I. Introduction

A. In October of 1964, the State Education Department of the University of the State of New York, Initiated the Community College Health Careers Project. The Project was conceived as a five-phased developmental and action program with the following objectives:

1. To develop curriculum guidelines for educational programs to be offered by community colleges for the preparation of health service technicians.

2. To plan and inaugurate new teacher-training programs for instructors and coordinators of community college programs for health service technicians.

3. To establish pilot programs in selected community colleges utilizing the guidelines developed by the project study groups and the instructors prepared by the project teacher-training programs.

4. To assist employers of health service technicians to plan orientation programs for new community college graduates and to develop evaluation instruments for determining the on-job effectiveness of new graduates.

5. To undertake a follow-up study of community college graduates on the job.

B. The planned procedures for implementing the project are implicit in each of the aforementioned objectives.

The initial exploratory phase (curriculum guidelines) was financed by a grant from the W.K. Kellogg Foundation of Battle Creek, Michigan. The succeeding four phases were to have been supported through a grant from the U.S. Office of Education.

C. Phase I was concluded and the results of that activity are contained in the report entitled, Technicians for the Health Field: A Community College Health Careers Study Program.*

The following chapters constitute the report on phase II of the Community College Health Careers Project (hereinafter referred to as CCHC project.) The report covers the period beginning April 1, 1966 and ending June 30, 1967: the major activity during this phase was the preparation of teachers for the nine

*Attached to this report as APPENDIX A

health technology pilot programs slated for inauguration in September of 1967.

II. Health Technology Teacher Preparation Projects

Method

A. State University of New York at Buffalo, (SUNYAB) and the City University of New York, (CUNY) agreed to cooperate with the CCHC project by offering space, time, and staff to develop programs to prepare teachers for the forthcoming pilot programs. During this phase, several interrelated problems needed to be resolved. They were as follows:

1. What shall be the criteria for recruiting candidates into the teacher training program?

2. What recruitment procedures shall be employed?

3. What shall be the criteria for interviewing and screening candidates?

4. What shall be the content and process for the teacher training programs?

5. What evaluation procedures and criteria shall be employed for judging the success of the candidates?

B. Criteria for Recruiting Candidates: The foremost concern in recruiting teacher candidates into the program was that each be experienced and competent in their technical specialties. In the absence of existing guidelines, it was decided that applicants to the program should demonstrate the following:

1. five years of experience as practitioners in their specialty or closely related areas.

2. completion of and graduation from a recognized program of study in their specialty.

3. licensure (if such was required) or professional certification or registration.

The number of years of experience required was not fixed to the degree that fewer years would constitute ineligibility. It was simply used as a starting point. Moreover, it was impossible to mandate that the years of experience be in the specific fields for which teachers had become a necessity since some of the health technology areas were so new. For example,

few (if any) candidates could be found with five years of experience as biomedical engineering technicians. For this reason, candidacy would be considered on the basis of experience in a closely related field.

Latitudes were allowed for schooling and licensure for the same reasons.

C. Recruitment Procedures: This task was crucial to the success of the entire endeavor, and true to expectations, it was the most difficult one to complete. Indeed, attempts to find appropriately qualified candidates served to heighten the paradoxical nature of the entire CCHC project. On the one hand, the Project came into existence in an effort to find a way to increase health manpower. On the other hand, the faculty needs (created by CCHC) resulted in the project's compounding of the manpower shortages by seeking to remove practitioners from the service aspects of the health industry to train them for the educational aspects. Noble long-range goals and objectives notwithstanding, the Project could not go directly into the health service agencies to recruit teacher candidates since, it was felt, this might be tantamount to piracy. Yet, the kinds of practitioners needed were more then likely gainfully employed in health service establishments.

A one-page flyer (AppendixB) was prepared shortly after April 1. Several hundreds of these were distributed to a variety of professional associations - national, state, and local. A partial list of these is as follows:

American Occupational Therapy Association
American Dental Assistants Association
American Association of Medical Record Librarians
American Industrial Hygiene Association
American Society of Radiologic Technologists
Medical Engineering and Electronics
Guild of Prescription Opticians of America, Inc.
Association of Operating Room Nurses
American Registry of Inhalation Therapists
International Rescue and First Aid Association
National Association of Sanitarians

Recipient organizations were requested to distribute the flyers among their memberships in the hope that significant numbers of practitioners might be attracted into the teaching field.

In addition, many of the associations included descriptions of the impending teacher-training programs in their professional journals.

The results of these efforts were somewhat disappointing, but this could be explained, in part, by the timing. The flyers were distributed in the middle and latter weeks of May. Journal insertions, in many instances were impossible since June galleys had already been prepared for press, and the next issue would not come out again until September.

A second difficulty related to the geographical locations of both the teacher training centers (Buffalo and New York City), and the community colleges where the health technology pilot programs were to have been centered.* It was conjectured that many recipients of the flyers might indeed have been interested in becoming community college teachers, but that they could not make the necessary quick decision to uproot themselves from probable positions of security for relatively uncharted ventures.

A third factor complicating the Project's recruitment efforts was the appreciable reticience and doubt on the part of some professional groups that: a.) community colleges are an appropriate agency for the training of health technicians (x-ray technology); and b.) there is a need for a "technical level" practitioner in their fields (environmental health and biomedical engineering.)

A fourth reason, while it effected primarily one group of practitioners,(ophthalmic dispensers), had to do with the fact that college teaching offered little inducement - in terms of financial reward - since most were either owners of successful businesses, or were employed in businesses where salaries were as much as five to eight thousand dollars higher than their college salaries would be.

Ultimately, twenty candidates (out of about one hundred and thirty interviewed) were selected. In most cases, these candidates were sought and found through the personal efforts of members of the CCHC staff and the coordinators of the Buffalo and New York City teacher training centers.

D. Interviewing and Screening:

Although interview and screening procedures were not rigidly structured, they generally included the following: Evaluation of the candidates in terms of their

1. personal and professional resumes

*See Appendix C for these.

2. speech patterns, mannerisms, and general personality

3. attitude toward "educating" technicians to perform in areas formerly within the purview of professionally prepared personel; and

4. general response toward centering such education in a two-year college rather than in hospitals, etc.

Since candidates for the teacher training programs were potential faculty for the pilot programs, final selection was predicated upon approval by college personnel responsible for faculty appointments. As a rule, candidates were initially interviewed by the coordinators of the teacher training centers (with or without assistance from CCHC staff, as desired.) The coordinators made their recommendations to the colleges who then indicated their acceptance - or lack of same of the candidates for their programs.

E. Content and Process for the teacher training programs:

Prior to recruiting candidates into the program, it was anticipated that the range and diversity of academic/professional/technical preparation would be considerable, as indeed it was. What could not be anticipated was the content of their preparation; i.e., whether education courses were included. This information was critical to the planning of the program.

In general, despite the number of graduate degrees possessed by the candidates, very few education courses were in evidence. As a consequence, both SUNYAB and CUNY could plan a comprehensive series of course material.

Because the nature and quantity of material to be covered was considerable, it was planned that candidates would spend as much as five hours a day for five days per week, for two full academic semesters. (The difficulties attendant to this decision are amplified in the following chapter.)

The content of the teacher-training programs is summarized in the topical outline below:

I. Introduction and Orientation to the Teacher Training Program.
II. The Administrative Structure of (SUNYAB) (CUNY)
III. Philosophy of Education
IV. The Community College - History, Philosophy, and Role
V. Trends in Community College Development - Program, and Function

VI. Administrative Structure of Community Colleges
VII. Community College Faculty - Role, Responsibility, Function
VIII. Accreditation
IX. Programs of Community Colleges
X. Community College Students - Profile, Expectation, Needs Personnel Services
XI. Admissions Policies
XII. Technical Programs in Community Colleges
XIII. Curriculum - Development, Process, Content
XIV. Curriculum Approval Procedures
XV. Curriculum - Class and Laboratory Needs and Specifications
XVI. Using Extended campus Resources (Clinical Facilities)
XVII. Learning - Teaching Process and Method
XVIII. References and Texts
XIX. Teaching Practicum
XX. Tests, Measurements, Evaluation
XXI. Legislation Governing and Pertinent to Community Colleges
XXII. The American Association of Junior Colleges
XXIII. Advisory Committees for Community College Programs
XXIV. Influences and Pressures on Higher Education
XXV. Articulation: Secondary and Higher Education
XXVI. The Nature of the Health Service Industry

The above units were taught by the coordinators of each program and by selected guest lecturers and speakers.

F. Evaluation:.

The CCHC project proposed to evaluate two aspects of this phase: an evaluation of

- recruitment, screening, and interviewing techniques, and
- the teacher candidates at the conclusion of their first year in their respective colleges (or at the very least, their first semester)

The technique used for evaluating the first aspect was a personal interview of all personnel who had a role in any of the three phases of the recruitment activity. This was an open-ended affair, using the following eight questions as a guide for eliciting responses.

1. What recruitment procedures or techniques did you use to generate interest among health service practitioners?

2. Which, if any, of these procedures produced the best results:

3. What screening processes did you use?

4. What formal or informal criteria did you establish for screening applicants?

5. Could you analyze the roles of the various agencies (CCHC project office, SUNYAB, CUNY) involved in the recruitment process, and comment on the changes that should me made?

6. What were the major problems you encountered during recruitment?

7. How could these have been avoided?

8. What suggestions can you make for changing the recruitment procedures for subsequent programs?

The responses to some of these have already been noted in earlier sections of this report. Perhaps the most useful responses deriving from this interview concerned the last question - suggestions for future recruitment drives. These were:

- to begin recruitment at a much earlier date prior to the program;
- offer relevant inducements to attract potential teachers;*
- prepare more comprehensive and early releases to professional
- journals; and
- enlist the aid of members of the curriculum study committees (organized during phase I of the CCHC project) to assist in the identification of qualified candidates.

The unexpected termination of the entire CCHC project foreclosed an opportunity to carry out the planned evaluation on the effectiveness of the teacher training program. This was to have been accomplished by assessing:

1. the success of the candidates as college teachers as measured by:

    a. supervisors' ratings
    b. professionalism
    c. other factors as
        1) record of attendance
        2) community service

*This subject is detailed in the next chapter.

3) self ratings
4) student ratings

2. What the teacher-training program covered in terms of what the teacher needed for on-job competency via:

   a. a matrix showing learning versus practice and use
   b. interviews and/or questionnaires

3. The attitudes of the participants in the teacher-training program with regard to:

   a. college teaching as a career
   b. the teacher training program in which they had undertaken study

The above assessments are a few of the tentative items suggested for follow-up study.

III. Results and Findings

A. Each of the two Universities (SUNYAB and CUNY) selected five of the ten health technology areas for which curriculum guidelines had been prepared during the first phase of the CCHC project. The distribution of these areas was founded on the geographic proximity of the community colleges where the pilot programs would be established to the University centers. These were as appear in Appendix C.

Active recruitment of candidates by the two University centers was generally restricted to the specialty areas in which each of the Universities would concentrate. If specialists from the areas of interest to SUNYAB applied to the CUNY center, they were referred to Buffalo, and vice versa. This occurred in about fifteen percent of cases.

Because health technology education relies on the use of clinical facilities (in which health technician students gain practical experiences,) and because the student-teacher ratio in the clinical area is usually much lower than in the college classroom, it was necessary to recruit two candidates for each of the specialty programs. A total of twenty candidates was sought (ten for each University Center). Seventeen candidates were finally chosen.

B. Profile of Students:

As earlier noted, candidates for the programs evidenced a broad diversity in academic/professional/technical preparation. Below are brief biographical sketches of the teacher candidates

who were selected for both University programs: CUNY

1. Mrs. A - Operating Room Technology.
   Highest academic achievement - high school.
   Highest technical/professional achievement - Registered Professional Nurse.
   Professional experience - Operating room nurse: over six years.

2. Mr. B - Ophthalmic Dispensing (Opticianry).
   Highest academic achievement - M.A. and Law degree.
   Professional experience - over twenty years in the field.
   Owned and operated successful opticianry business.

3. Mr. F - Medical Emergency Technology.
   Highest academic achievement - completing senior year toward B.A.
   Professional experience - Retired Captain in the New York City Fire Department - 20 years of active duty supervising rescue and emergency training school.

4. Mr. G - Inhalation Therapy.
   Highest academic achievement - 80 credits toward B.A.
   Professional experience - Member of American Registry of Inhalation Therapists.
   Director of Inhalation Therapy Departments of several hospitals.

5. Mr. G - X-Ray Technology.
   Highest academic achievement - 30 credits toward B.S.
   Professional experience - New York State licensed x-ray technician.

6. Mr. K - Inhalation Therapy.
   Highest academic achievement - B.S. Registered professional nurse.
   Professional experience - Staff nursing experience - eight years. Twelve years of experience in inhalation therapy. Member of American Registry of Inhalation Therapists.

7. Miss M - Operating Room Technology.
   Highest academic achievement - M.S. Registered Professional Nurse.
   Professional experience - Head nurse in operation room in large hospital - eight years.

8. Mrs. N - Medical Emergency Technology.
   Highest academic achievement - high school. Registered

professional nurse.
Professional experience - twenty years of emergency and recovery room nursing experience. Taught nursing in a private vocational school for two years.

9. Dr. S - Ophthalmic Dispensing.
Highest academic achievement - B.S. Graduate School of Optometry.
Professional experience - twelve years in optometry.

10. Miss W - X-Ray Technology
Highest academic achievement - M.S.; Ph.D. candidate in science education.
Professional experience - six years as registered laboratory technologist, five years as x-ray technician. New York State licensed x-ray technician.
Research librarian with large industrial firm - eight years.

State University of New York at Buffalo

1. Miss H - Occupational Therapy Assisting
Highest academic achievement - M.S.
Professional experience - seven years as director of Department of Occupational Therapy in large hospital.
Registered Occupational Therapist.

2. Mrs.M - Medical Record Technology.
Highest academic achievement - B.S.
Professional experience - Chief medical record librarian of large hospital - nineteen years. Registered Record Librarian.

3. Mr. M - Biomedical Engineering Technology.
Highest academic achievement - 40 credits in pre-engineering program.
Professional experience - Taught mathematics and electronics in the U.S. Air Force seven years. Inhalation therapy director in two hospitals three years.

4. Mr. M - Environmental Health Technology.
Highest academic achievement - B.S.
Professional experience - Sanitarian with New York State Department of Health four years.

5. Miss N - Biomedical Engineering Technology.
Highest academic achievement - B.A.
Professional experience - variously a research technician in Department of Experimental Medicine, Department

of Pulmonary Function and a consultant for a biomedical instrumentation firm over a period of eleven years.

6. Dr. S - Dental Assisting.
Highest academic achievement - B.A. Doctor of Dental Surgery.
Professional experience - Private practice - concurrent teaching responsibilities in School of Dentistry at a large university - five years.

7. Mrs. S - Dental Assisting.
Highest academic achievement - B.A. Licensed Dental Hygienist (N.Y.)
Professional experience - Staff Dental Hygienist in County Health Department - 8 years - Supervising Dental Hygienist in County Health Department 10 years.

C. Major Recruitment Difficulty:

Candidates in the SUNYAB program could receive academic credit for experiences in two of the University's relevant graduate courses provided they were acceptable as matriculants in graduate studies. If they were not eligible to become matriculants, candidates could audit those courses but would receive no academic credit.

Candidates in the CUNY program received no academic credit since their curriculum had been designed specifically for their needs and the courses undertaken were not regular University offerings.

As noted in an earlier chapter (page 7) the question of "reward" with regard to these teacher-training programs was exceedingly difficult to cope with. A review of the student profiles (above) reveals the fact that most trainees had had years of experience in some endeavor. The "promise" of a new career in teaching after a full-time year of study in the training programs was a totally inadequate inducement since most of the candidates could not afford to give up their jobs and income. The prospect was even more unpalatable in view of the absence of academic credits for the program.

The CCHC project staff were aware that successful recruitment of qualified practitioners would probably be predicated on its providing an adequate inducement. The two University centers concurred in this opinion and suggested that for the immediate purposes of the project, the incentives in priority order, should be in the form of stipends and academic credit.

Thus, a concurrent activity during the early weeks of this second phase, was a "search" for some means to supplement the candidate's earnings during the training period. The colleges, where trainees were ultimately to be employed, were unable to "employ" the candidates under their current budget allocations - particularly since none of the pilot programs existed.

The Dean of Two Year Colleges of the State University suggested that the colleges apply for grants under the Vocational Education Act (P.L. 88-210), Section 4(a) to secure funds to ensure the success of the projected health career programs. Each college promptly complied with that suggestion by submitting applications to the appropriate division of the State Education Department.

The funds secured under the provisions of the Vocational Education Act enabled each college to modestly support their potential faculty during the training phases by "employing" them to develop the pilot programs in great detail. The trainees, thus, were able to serve their colleges in a vital capacity, while they availed themselves of the "training" opportunity offered at SUNYAB and CUNY.

Unfortunately, insufficient time did not enable the two University centers to work out the details of institutionalizing the teacher training programs in order that academic credit might be offered.

D. Teacher-Trainee Activities

Throughout the course of both University programs, trainees worked with administrative and faculty personnel from their respective colleges in the preparation of their pilot program curriculum patterns. Concomitant activities included:

1. writing of technical course outlines and catalog descriptions of same.

2. promulgation of laboratory and equipment specifications for their programs.

3. practice teaching in related subjects.

4. making arrangements for clinical practice experiences with local hospital and related facilities.

5. recruitment activities in local high schools.

6. participation in Career Day assembly programs in high schools.

In addition, teacher-trainees were encouraged to attend conferences and meetings which were germane to their specialties. Some of these were:

- Association of Operating Room Nurses Convention of 1967 (San Francisco)
- Emergency Rescue Services - Conferences of 1967 University of Nebraska)
- Symposium on Inhalation Therapy (Florida Society of Inhalation Therapists)
- Ophthalmic Dispensers Conference in 1967 (Chicago)

IV. Conclusions

A. Implications:

Professional and public literature abounds with articles, essays, and reports of speeches on a common theme: more and more teachers will be required for more and more colleges in which more and more students will be seeking more and more education. While the CCHC project addressed its attention to "faculty" needs for increasing numbers of health technology programs in higher education institutions, its primary goal was to ensure the successful inauguration of its pilot health technology programs.

If the CCHC project, by virtue of its immediate needs, was able to reveal and highlight a critical need for well prepared faculty in general, so much the better, but in terms of the Project's major objectives, this was a "fall out" kind of benefit. The termination of the CCHC project did not (and does not) alter the fact that teacher education - for all kinds of educational programs - is of crucial concern on a national scale.

B. The Project's efforts in this area raised considerably more questions and problems than it resolved. The more pertinent of these are as follows:

1. What are the special knowledges and skills necessary for effective technical teaching at the community college level?

2. What are the unique characteristics of (health or other) technologies that affect the kind of curriculum to be designed for technical teacher education programs?

3. What minimum requirements in academic/professional/

technical achievements should potential teachers have for entry into a teacher education program?

4. What kinds, and how many academic credits could and should be granted to technical teaching aspirants upon completion of an institutionalized program?

5. What criteria shall be used in: a) selection and screening of applicants, and b) evaluation of trainee performance?

6. How can recruitment of candidates into a teacher preparation program be efficiently effected?

C. The primary results of this present effort have already been cited. Candidates were found who were acceptable to the colleges where the pilot health technology programs would be conducted, and who were able to participate in the training activities at the two University centers. At the conclusion of both programs (June 30, 1967) all but four of the original seventeen candidates received and signed contracts for employment in September of 1967.*

A secondary result, (though of particular significance,) of the Project's activity was the desire (and interest) of each of the two University centers to continue studies in the general area of technical teacher education with a view to ultimately establishing (if possible) an on-going institutional program. This desire culminated in the preparation and submission of two separate proposals (one each from SUNYAB and CUNY), to the W.K. Kellogg Foundation. These proposals were subsequently approved and funded by the Foundation, and are reported in the W.K. Kellogg Foundation Annual Report of 1967.

V. Summary

A. At the conclusion of the first phase of the Community College Health Careers Project, nine health technology programs were selected for inclusion in career curricula of selected community colleges in New York State.

B. The second phase of the above-named project addressed itself to the recruitment and training of qualified health service practitioners for each of the specialties in order that they may assume faculty responsibilities in each of the pilot programs.

C. Two university centers (State University of New York at Buffalo,

*For an explanation on the fate of the four candidates who were not employed, see APPENDIX D.

and City University of New York) agreed to sponsor programs to prepare the practitioners for educational roles.

D. Both University centers encountered difficulties in promulgating their programs. The most noteworthy of these were:

1. a lack of time in which to establish criteria and plans for mounting an effective recruitment campaign.

2. a lack of attractive inducements with which to interest large numbers of practitioners to prepare for academic careers.

3. a corporate mosaic in academic/professional/technical achievement of teacher candidates.

4. an early knowledge that there would be no opportunity to conduct follow-up studies of their first attempts to prepare teachers for new technical programs. (This was due to an unanticipated termination of financial support through the remainder of the CCHC project.)

E. As a consequence of the situation noted in item D above, both University centers applied for - and received - funds with which to continue independent study relating to teacher preparation for technical education programs in higher education.*

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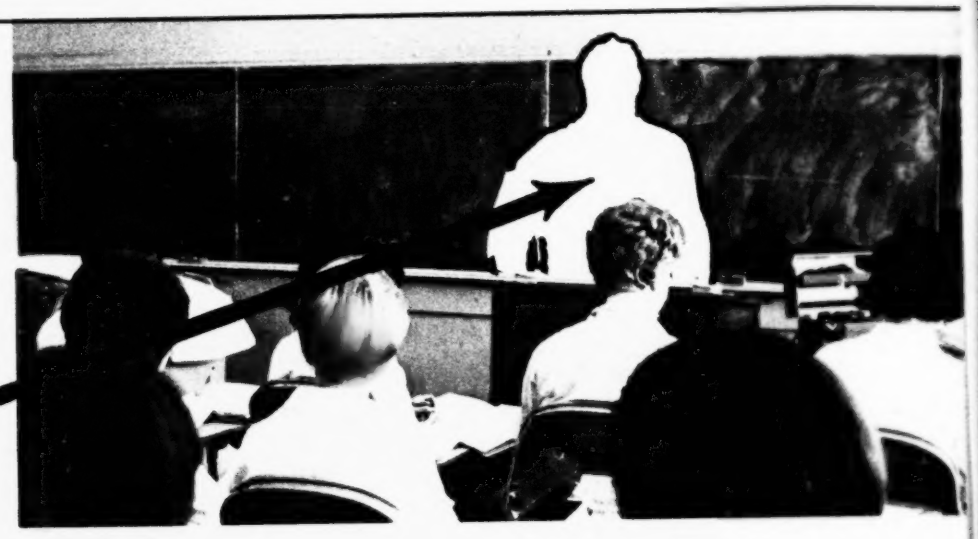
* Details on these proposals may be secured from the School of Allied Health Professions, State University of New York at Buffalo, 46 Winspear Ave., Buffalo, New York, 14214; and the Health Technologies Teacher Preparation Center, City University of New York, 33 West 42nd St., New York, N.Y. 10036.

Appendix B

COLLEGE TEACHING: Health Technologies

We Need You Here



OPHTHALMIC DISPENSING (OPTICIANRY)

MEDICAL RECORD TECHNOLOGY

OPERATING ROOM TECHNOLOGY

MEDICAL EMERGENCY TECHNOLOGY

INHALATIONAL THERAPY TECHNOLOGY

X-RAY TECHNOLOGY

ENVIRONMENTAL HEALTH TECHNOLOGY

DENTAL ASSISTING

OCCUPATIONAL THERAPY ASSISTING

BIOMEDICAL ENGINEERING TECHNOLOGY

These are just some of the health careers for which community colleges will be preparing technicians. The success of these efforts is dependent upon well qualified and well prepared teachers. Programs to prepare college teachers in health related technologies are being instituted by the State University of New York at Buffalo, and the City University of New York in cooperation with the New York State Education Department's Community College Health Career Project.

If you are interested in a college teaching career, and have had practical experience in any of the above technical fields, (prior teaching experience not required) we would like to hear from you. Send resume of experience to:

Dr. Albert Rekate, Dean
School of Health Related Professions
101 Capen Hall
State University of New York
Buffalo, New York 14214

OR

Dr. Blanche Ried, Director
Health Technology: Teacher Preparation Center
City University of New York
33 West 42nd Street
New York, New York 10036

APPENDIX C

SUNYAB

1. Occupation Therapy Assisting
   and
2. Dental Assisting

   Pilot College:
   Erie County Technical
   Community College
   Buffalo, New York

3. Medical Record Technology

   Pilot College:
   Alfred Agricultural and
   Technical College
   Alfred, New York

4. Environmental Health
   Technology

   Pilot College:
   Broome Technical
   Community College
   Binghamton, New York

5. Biomedical Engineering
   Technology

   Pilot College:
   Monroe Community College
   Rochester, New York

CUNY

1. Inhalation Therapy
   Technology and
2. Operating Room
   Technology

   Pilot College:
   Nassau Community College
   Garden City, Long Island

3. X-Ray Technology and
4. Ophthalmic Dispensing

   Pilot College:
   New York City
   Community College
   Brooklyn, New York

5. Medical Emergency
   Technology

   Pilot College:
   Manhattan Community
   College
   New York, New York

APPENDIX D

Four teacher-candidates, who started and completed their studies during the second phase of the CCHC project, did not sign contracts with the colleges where they were tentatively to have been employed. The following are cited as explanations:

Mr. G - Inhalation Therapy Technology, and
Mrs. A - Operating Room Technology -

An inadequate September 1967 enrollment of students in the operating room technology and inhalation therapy technology pilot programs resulted in Nassau Community College's inability to justifiably hire two teachers in each of those programs. The College made its ultimate selection of teachers for these curricula on the bases of academic qualifications. In the case of these two candidates, neither had completed the requirements for their baccalaureate degrees.

Mr. G - X-Ray Technology

This candidate removed himself as an applicant for this position because he feared discrimination from other faculty by virtue of the fact that he had not completed his baccalaureate degree. Throughout the course of his experiences at New York City Community College, he claimed that he received little cooperation and acceptance from the faculty with whom he came in contact. He based his claim on "feeling" rather than anecdotal incidents. Mr. G.refused to be reassured that he would not be "ostracized." Under these circumstances, the CUNY coordinator believed that the candidate could not give the pilot program the kind of attention it would need: she subsequently advised the College that nothing was to be gained by further exhorting the young man to accept the appointment.

Mrs. S - Dental Assisting

For reasons somewhat unclear to the SUNYAB coordinator, this candidate refused the faculty appointment at Erie County Technical Community College, but accepted a position to supervise an on-the-job training and orientation program for dental assistants conducted by a county dental organization.